



STATE OF NEW HAMPSHIRE  
APPLICATION FOR  
RESIDENT PISTOL / REVOLVER LICENSE

RENENEWAL APPLICANTS PLEASE COMPLETE

NH handgun tic, no.:

Date of expiration

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street \_\_\_\_\_ Drivers License No. \_\_\_\_\_

City/Town \_\_\_\_\_ Social Security No. \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Address (if different from above) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_

Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

If you answer Yes to any of the following questions, you must provide complete details on the reverse side of this form.

Have you ever had a pistol permit denied in this or any other state? Yes No

Have you ever been convicted of a felony, in this or any other state, which has not been annulled? Yes No

Have you ever been a user of drugs or narcotics, except under the direction of a physician? Yes No

Have you ever been treated for mental illness, an emotional disorder, or confined to an institution? Yes No

Have you ever been convicted in any court of a misdemeanor of domestic violence? Yes No

For what reason(s) do you make application to carry a pistol in New Hampshire?

Name and Mailing Address of three (3) references:

(1) (2) (3)  
\_\_\_\_\_  
(NAME) (NAME) (NAME)

(ADDRESS) (ADDRESS) (ADDRESS)

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license issued under the provisions of RSA: 159 and is punishable under RSA:641 :3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, Schools medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE OF APPLICANT

Approved \_\_\_\_\_

Date \_\_\_\_\_